



Debt Management Company Annual Report

The attached Debt Management Company Annual Report must be completed and the original submitted to the Department **on or before August 15** of each year.

The reporting period is July 1 of the previous calendar year through June 30 of the current calendar year.

A penalty of \$5.00 per day will begin to accrue on August 16 to all licensees whose original Report is not received.

Do not leave any questions unanswered. If a question is not applicable, so state on the application. **Incomplete Reports will not be accepted.**

Retain a copy of the Report for your records. The Department does not provide copies.

Licensing Division

**Debt Management Company Annual Report**

July 1, _____ through June 30, _____

Type or legibly print all information.

Company Name:)		License Number: DM-
Doing Business As:		
Company Address Line 1:		
Company Address Line 2:		
City:	State:	Zip Code:
Company Telephone Number:	Company Fax Number:	Company Toll Free Number:
Name of individual to contact regarding the processing of this report:	E-mail Address:	Telephone Number & Extension:

1. Fees:

- a. Amount of retainer fee charged each debtor \$ _____
- b. Monthly fee charged each debtor \$ _____
- c. Are any other charges made against debtor's account? Yes ☐ No ☐
If yes, explain fully.
- d. Are management fees adjusted to total debt not less often than annually? Yes ☐ No ☐
If no, explain why not.
- e. Does total debt used for fee calculation include residential mortgage or rent payment? Yes ☐ No ☐
If yes, explain.
- f. Has any fee been received prior to proper notice being given to creditors? Yes ☐ No ☐
If yes, explain fully.

2. Are remittances made to creditors as required by law? Yes ☐ No ☐
If no, explain why not.

3. Are statements of accounts furnished to debtors upon request? Yes ☐ No ☐
If no, explain why not.

4. Is the full benefit of any compromise of a debt allowed to the debtor? Yes ☐ No ☐
If no, explain why not.

5. Complete the following for the financial institution of the trustee checking account.

- a. _____
- | Name | Address | City | State | Zip | Account Number |
|------|---------|------|-------|-----|----------------|
|------|---------|------|-------|-----|----------------|
- b. Book balance of account as of June 30 of the previous calendar year: \$ _____
- c. Amount of undisbursed payments from debtors as of June 30 of the current year: \$ _____



6. Has a copy of all advertising material been forwarded to the Superintendent within five (5) days after first using such material?

Yes ☐ No ☐

If no, explain why not. _____

7. Accounts:

- a. Number of accounts as of June 30 of the previous year: _____
- b. Number of accounts as of June 30 of the current year: _____
- c. Number of new accounts accepted during the past license year (July 1 – June 30): _____
- d. Number of accounts closed during the past license year (July 1 – June 30) due to completion of debts being paid in full as agreed: _____
- e. Number of accounts canceled by debtor during the past license year (July 1 – June 30): _____
- f. Number of accounts canceled by debt management company during the past license year (July 1 – June 30): _____

AFFIDAVIT

STATE OF _____)
COUNTY OF _____)ss.

I (print name) _____, being duly sworn, depose and say that I signed the annual report as (capacity/title) _____ of the above named licensee, having full authority to sign the report, I have read the report and the information contained therein is true.

(Date)_____
(Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires:_____
(Notary Public)